

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90278 016 \*\*\*150.00

0656885 AT

**DOCUMENT # F99000000113**

**1. Entity Name**  
**IDEX GLOBAL SERVICES, INC.**



**Principal Place of Business**  
**230 CALIFORNIA STREET, #600**  
**SAN FRANCISCO CA 94111**

**Mailing Address**  
**230 CALIFORNIA STREET, #600**  
**SAN FRANCISCO CA 94111**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **94-3289947**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAGLIO JR, VICTOR S	
STREET ADDRESS	230 CALIFORNIA STREET, #600	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAGLIO, LINDA	
STREET ADDRESS	230 CALIFORNIA ST #600	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KVZASIUGAM, ROBIN	
STREET ADDRESS	230 CALIFORNIA ST SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN KULASINGAM	
STREET ADDRESS	230 CALIFORNIA STREET SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT MORRIS	
STREET ADDRESS	230 CALIFORNIA STREET SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	<del>DIRECTOR</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELVIN KWOK	
STREET ADDRESS	230 CALIFORNIA STREET SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG D. MORRIS	
STREET ADDRESS	230 CALIFORNIA STREET SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR BAGLIO JR	
STREET ADDRESS	230 CALIFORNIA STREET SUITE 600	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (10/02)